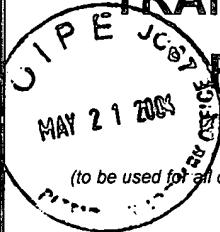


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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)



Attorney Docket No.	2100/19
Application Number	09/844,082
Filing Date	April 27, 2001
First Named Inventor	Benjamin T. GOMEZ et al.
Group Art Unit	3713
Examiner	Jones, Scott E.

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response to Office Action mailed 2-18-04.	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (+dup)	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Appointment of Associate under CFR 1.34(b)
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Applicant claims small entity status.	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Large Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total	13	Minus	46	0	x \$9=	0		x \$18=	
Indep.	1	Minus	5	0	x \$43=	0		x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=	---		+\$290=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**RECEIVED**

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Allison M. Dudley, Reg. No. 50,545 BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date: May 18, 2004

MAY 26 2004

TECHNOLOGY CENTER 14700

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: May 18, 2004

Signature		Date: May 18, 2004
	Michael H. Baniak / Allison M. Dudley	